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23117 7590 04/21/2006				Certificate of Mailing or Transmission		
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						(Depositor's name)
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APPLICATION NO.	(FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/705,883 11/13/2003 Satos			Satoshi Ishikawa		461-153	6108
TITLE OF INVENTION: METHOD AND APPARATUS FOR DRYING CERAMIC MOLDED ARTICLES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	07/21/2006
EXAMINER		ART UNIT	CL	ASS-SUBCLASS]	
LEUNG, PHILIP H 3742				219-701000		
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat	e address or indication of "Fellence address (or Change of 22) attached. cion (or "Fee Address" Indicator more recent) attached. Use	Correspondence (1) or (2) tion form respondence 2 responde	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) JAPAN MTCRO DENSHI CO. LITD. JAPAN 96/15/2006 JADDO2 9000024 10705883						
) MICRO DENSHI CO., LTD. Please check the appropriate assignee category or categories (will not be pri		ries (will not be printed.				
			inted on the patent): Individual Forgation or other private group entity 400, 60 yearment 2 FC:1504 300,00 0P 2 Payment of Fee(s): 63 FC:2001 3 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).			
	(from status indicated above	<u> </u>	_			
	MALL ENTITY status. See a sequested to apply the Issuer				LL ENTITY status. See 37 C	
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Authorized Signature	Miller	Jun		Date	June 14, 2006	
Typed or printed nameMichelle N. Lester				Registration No. 32, 331		
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